

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026832

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. _____

Registrar's No. 164

FILED JUL 16 1962

1. PLACE OF DEATH

a. COUNTY Henry

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Deepwater

Length of stay in lb

c. CITY OR TOWN Deepwater

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Thomas Middle (Tom) Last Hurst

4. DATE OF DEATH Month July Day 10 Year 1962

5. SEX male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/22-1889

9. AGE (last birthday) 73

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Mortician

10b. KIND OF BUSINESS OR INDUSTRY
Funeral

11. BIRTHPLACE (City and state or country)
Hartwell, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

John W. Hurst

13b. MOTHER'S MAIDEN NAME

Elnora Kenyon

14. NAME OF HUSBAND OR WIFE

Edith Hurst

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW#1

16. SOCIAL SECURITY NO. 8

17. INFORMANT Address
Edith Hurst Deepwater, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarct

INTERVAL BETWEEN ONSET AND DEATH

July 10 - 1962

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

One infection & One Heat

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bronchitis & pneumonia over heated.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1940 to July 10 and last saw her him alive on July 9 1962
Death occurred at 11 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D. C. P. Poromard

22b. ADDRESS

Deepwater, Mo.

22c. DATE SIGNED

7-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/13-1962

23c. NAME OF CEMETERY OR CREMATORY

Maplewood Cemetery

23d. LOCATION (City, town, or county)

Brownington, Mo.

(State)

24. FUNERAL DIRECTOR

Melvin L. Janssens

ADDRESS

Deepwater

25. DATE RECD. BY LOCAL REG.

July 12, 1962

26. REGISTRAR'S SIGNATURE

Mildred Bigum

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10420

204202

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SEP 25 1962

JUL 31 1962

JUL 20 1962

AUG 9 1962

FEB 19 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin L. Janssens

Licensed Embalmer No. 45129

P. O. Address 2200 S. 1st St. N.W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.